

## DIRECT DEPOSIT AUTHORIZATION FORM



Contract Number: \_\_\_\_\_ Contract Owner: \_\_\_\_\_

### Depository Information

Depository Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Account Information – Designate one account

**CHECKING ACCOUNT**      Please attach a VOID CHECK (photocopy acceptable) or LETTER FROM BANK INDICATING ROUTING AND ACCOUNT NUMBER.  
 **SAVINGS ACCOUNT**      We have found that deposit slips do not always contain the correct information required for automatic deposit.

Name on Account: \_\_\_\_\_

Routing Number:

Account Number: \_\_\_\_\_

### Authorization

I (We) hereby authorize credit entries to my (our) checking or savings account in the Depository Institution named above, and I (we) authorize the depository institution to accept and to credit the amount of such entries into my (our) account. If funds that I am (we are) not entitled to are deposited into my (our) account, I (we) authorize you to direct the depository institution to return such funds.

This authorization is to remain in full force and effect until written notification is received from me (us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act upon it.

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct Social Security Number and I am not subject to backup withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

This form dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City/State

\_\_\_\_\_  
 Signature of Owner(s) (if Joint – both must sign)      \_\_\_\_\_  
Owner's Social Security Number or Taxpayer ID Number      \_\_\_\_\_  
Owner's Telephone Number

\_\_\_\_\_  
 Signature of Witness\*      \_\_\_\_\_  
Telephone Number of Witness      \_\_\_\_\_  
Owner's E-mail Address (if available)

\*Owner's signature must be witnessed by an adult who is not a Beneficiary or newly named Owner.

**Remember to attach a voided check or statement from the bank!**